

tions of supposititious morality and religion interfere to obscure the issues—the physical welfare and salvation of the individual, the community, and the race. I was once visiting physician to an institution to which a girl of twenty-two years was admitted, whom I found to be suffering, in addition to her main complaint, from a profuse leucorrhea, probably postgonorrheal since she had had an illegitimate child shortly before. I gave orders that she was to be supplied with a douche bag, but was met with the earnest protest of the matron that it was “most immoral for a girl to have such a contrivance”—a good illustration of the attitude of those who advocate concealment and ignorance in regard to such matters.

So far, the tendency of the public is to fear only cases of infectious disease, which are branded in characters of scarlet letter size, and I have known women who had a syphilitic cook in the kitchen refuse to sit at table with a consumptive. I even recently saw a physician at the head of a large tuberculosis sanatorium, dispatch several of his minor children in the care of his coachman to a nearby village “to drink ice cream soda” from glasses which, judging from the usual dip method of washing, and the large numbers of consumptives who overran the town, must have frequently supplied droplets of mucus-held tubercle bacilli.

While the church should be in the lead in all that concerns the healing art, in the matter of a common communion cup, which, at least here in New York, is even a violation of the law in regard to public drinking vessels, it, in some instances at least, is extremely backward—“conservative,” as one good minister told me. “In my church,” he said, “the edge of the cup is, after each sip, wiped off with alcohol, and in another that I know of the edge is rotated”—never regarding the possibilities that float away from each mouth, and which, in the case of the public horse watering trough, are regarded so seriously as to lead to agitation for its abolition.

While the burden of detecting and affording protection against what may be termed mute infections (“carrier” cases) lies with the sanitary authorities and the physicians of a community, still, since advancing knowledge indicates the great responsibility of such for the spread of disease, the fact that convalescents frequently harbor for long periods the germs of the passing malady, and that nonclinical infections by most disease organisms must be very frequent, is an important item for the public to know, for who could make good use of an umbrella unless the direction of the rain were known? Such cases, which are always with us, represent the steady downpour, the most penetrating of all.

Apart from the way in which infectious disease is spread, the public must be taught the limitations of treatment, and of all disease, so that life, money, and time, so often lost through ignorance and superstition, may be saved, in spite of the machinations of drug exploiters, sure cure specialists, Christian scientists, and “sich.”

Above all, must be taught the wisdom of letting well enough alone until something better is clear, and the public saved from the folly of always doing or taking something for everything, real or imaginary. Preaching the simple truth will never do alone, while the human appetite for complicated

nonsense is so intense. We must “knock” all of this at first appearance, as vigorously as the traditional Irishman did the heads at the fair of Donnybrook. Public health organizations should meet advertisement with advertisement, statement with statement, and every false pretence or notion with immediate exposure or correction. The public press can easily be induced to cooperate with such measures for, while lack of specific knowledge or interest might prevent pioneer individual newspaper work, if the health authorities lead the way, none will refuse to follow.

Individuals are ever willing, usually anxious to do what the community at large regards with favor, so just so soon as the public approval is gained for a health measure, its success and permanence are assured. In some things, those who are not against us are with us, but in matters of public health the interest and cooperation of all must be courted for that signal success such important work demands.

As it is only intended to call attention to some community needs of which all physicians must be aware, in order to stimulate interest, it is hardly necessary or proper to go into detail as to how they are to be met. It is, however, apparent that whatever work is to be done must be systematized. What is to be taught in the schools (those beyond primary cannot be considered since they reach too small a proportion of the population), must be fixed upon and followed up by the one sure method of reaching the mass of the adult population, newspaper work. An elaboration of the special pamphlet system employed to a certain extent by various health authorities, would be useful, and it seems that a general distribution through the schools or elsewhere of what might be called a “Health Catechism,” provided such a publication were official, useful, and suitable for preservation, or even a more elaborate treatise or book might be undertaken. This would replace those commonly circulated under such captions as *The Home Doctor*, *Sex Hygiene*, etc., but would also reach much further and would certainly prove effective allies of the family physician, in guarding the health of his charges, and in freeing them of the temptations which frequently come to all who stray after the vain and absurd pretensions of charlatans and ignoramus.

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THE CONTRIBUTIONS WHICH WOMEN HAVE MADE TO MEDICAL LITERATURE.

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The account of the contributions which women have made to medical literature does not unfold in a crescendo of increasing excellencies as to quantity and quality of output. Indeed, the first woman known to have written on medical subjects comes to us with the commendation of no less an authority than Galen, who advises those who would learn of midwifery to consult the writings of one Cleopatra. A knowledge of the works of Aspasia, who wrote on the diseases of women, would also have been

lost to the world, except for references and quotations which were made in certain manuscripts dating back to the sixth century A. D. The works of St. Hildegarde, of Bingen, who lived in the twelfth century, not only claim precedence of all medical writings now extant produced by the pen of a woman, but also rank with the best medical writings of that age. Her chief work, *Physica*, is the product of a very practical mind, thoroughly familiar with the practice of medicine.

The University of Salerno evidently had none of the modern prejudices against women physicians, for several professorships were held by women who were also celebrated as writers. Trota seems to have been the most famous. She is the reputed authoress of an extended work on gynecology, which circulated beyond the bounds of her own country and outside her own profession. A work on surgery and one on gynecology, written by two other women of the Salerno university, were long used as textbooks by medical students. Mondino received valuable help from his assistant, Alexandria Galiani, in preparing his great work on anatomy.

After this period of remarkable achievement, we find no woman contributing to medical literature until the middle of the eighteenth, and beginning of the nineteenth centuries, when the German and French midwives produced works that ranked as authorities, until the science of bacteriology revolutionized the practice of gynecology and obstetrics. Madame Lachapelle's *Practice of Obstetrics* is a work in three volumes, which appeared, volume one in 1821, and the last volume in 1825, in which year it was translated into German. The numerous and valuable tables of statistics compiled from her 50,000 cases, show remarkable pains in the keeping of case records. This presentation of original work was supplemented by careful consultation of the literature. Madame Lachapelle herself states that she consulted all the authorities, beginning with Hippocrates.

Madame Bovin, for a short time associated with Madame Lachapelle, is a more prolific writer, and her works are equally worthy of commendation. Her best known book, on the *Art of Obstetrics*, published in 1812, reached a third edition in 1824 and secured for its author public commendation from the general council of the administration of the city hospitals of Paris. Madame Bovin also translated several gynecological works from the English. Her book, entitled *One of the Most Frequent and Least Known Causes of Abortion*, received the commendation of the Royal Society of Medicine of Bordeaux, while her greatest work, on diseases of the uterus and its appendages, was used as a textbook for many years. Madame Bovin worked up the literature of her subject well and presented her facts in a logical and lucid style, and to her the world owes a debt of gratitude for collecting and putting in readable form the combined knowledge of the principal authorities of her time. As a recognition of her writings, the University of Marburg conferred on her the honorary title of doctor of medicine.

Louise Bourgeois is another of the noted French midwives, but the writings she has left have less of scientific value than of literary merit. Her

quaint description of the birth of Louis XIII, with its detailed account of the crimson red velvet bed, ornamented with gold, and the holy relics of St. Margaret which lay on the table near the queen, is more diverting, we fear, than the more scientific part of her work.

In Germany, we have Justine Siegmundin and Elizabeth Hornburg, who contributed by their writings to the advancement and extension of midwifery. Siegmundin's book, called *The Midwives of the Royal Family of Prussia and of the Kurfürst von Brandenburg*, was published in 1723. The book is in two parts, the first arranged as a conversation between herself as instructress and a second midwife as pupil. In the second part she quizzes her pupil on the instructions given.

The modern activities of women in connection with the practice of medicine began in the United States about the middle of the last century, when the Blackwell sisters began the study of medicine. Women took up the study of medicine about two decades later in England and Russia, and some fifteen years later the movement reached France, Germany, and Scandinavia. From the time that women became practising physicians, they have made contributions to the periodical literature of medicine and to some extent they have produced textbooks and extended theses.

The first American woman to contribute papers which really added to the knowledge of medical science was probably Dr. Mary Putnam Jacobi, whose works on abdominal hysterectomy and uterine fibroids are the result of original research. In a work published in 1891, entitled *Women's Work in America*, a list of medical articles written by American women between 1872 and 1890, compiled by Dr. Mary Putnam Jacobi, is appended to a historical sketch of women in medicine. This list includes 145 articles written by forty-one different women.

A history of the Women's Medical College of Philadelphia lists 573 articles by graduates of this college prior to 1897. The first volume of the *Index Medicus*, published in 1879, lists twenty-one articles written by ten different women. Eight of this number were Americans and the remaining two Frenchwomen. In the last indexed volume of the *Index Medicus*, that of 1912, articles by 459 women are listed, the total number of entries being 616, of which eighty-three are classed as books. Of the articles listed, 261 were published in American magazines, fifty-three in those of Germany, 108 in France, sixty-one in England, six in Russia, four in Italy, six in Belgium, two in Poland, ten in Switzerland, two in Austria-Hungary, one in Australia, and one in Manila. The greatest number contributed by any one woman was by Kol-Yakimova, a Russian, who wrote twelve different articles published in German, French, and Russian. As to the output of books, German and French women far excel the others, in point of quantity at least, the list being as follows: Germany, thirty-eight; France, thirty-one; America, nine; Switzerland, three; Russia, one; Holland, one.

The works classified as books include many German and French monographs of less than 100 pages. One German book so classified has but six

pages, but the books published by American women are much more extensive. The greatest number of contributions was on the subjects of obstetrics and gynecology, the second largest number on surgery. If, however, the branches of medical science depending on work with the microscope were grouped together, they would represent the greatest output of medical articles written by women.

The women of this last period of medical activity, worthy perhaps of individual mention, are numerous. The writings of Florence Nightingale and Ellen Richard have probably contributed as much as any toward quickening the public conscience to a realization of its sanitary obligations. Of the women whose writings record original investigation, we may mention Dr. Martha Wollstein, who has made many contributions to medical literature in connection with her work at the Rockefeller Institute; Professor Lydia Rabinovitch, bacteriological studies carried on under Professor Koch; Professor Hirsch, work on the thyroid and other internal secretions and diseases connected therewith; Dr. Alice Hamilton, work on occupational diseases; Dr. Katherine Van Tussenbroek, editor and secretary of the Holland Gynecological Society for many years, numerous contributions to the society; Dr. Florence Sabin, work on the nervous system and the lymphatics.

But for stars of the first magnitude to grace our list of modern writers, we must go to France, which has contributed the writings of Madame Curie, and to Italy with its contributions from Doctor Montessori. Madame Curie's writings, relating to radium and its discovery, are opening new paths in the medical world—paths that have been explored but a short distance, but give promise of leading to new realms of medical achievement.

Doctor Montessori's works have been appropriated by the educational world rather than by the medical, but a work built up entirely on psychological and physiological principles, and one that has forced on the educator and the doctor a recognition of the dependence of pedagogical success on such principles, may justly be claimed for the glory of medicine.

If the compiler's scissors have sometimes been the source of the articles that women have furnished to medical periodicals, yet the research laboratory has also been the origin of many contributions that have enriched the literature of medicine and contributed to the honor of woman's achievements. That only the earlier records of women's contributions to medical literature were resplendent with such notable achievements, need not occasion disquietude. Up to the time of this latest development of woman's activity in medicine, her field was limited to obstetrics and gynecology. If the stream rose high, it was confined in a very narrow channel. There are no longer barriers against women in any branch of medicine, and her contributions to medical literature are representative of the broadening scope of her work.

Especially in general sanitation, with its harvest of specific results, does there seem to be a great field for women, with the increasing aid of the ballot, to undertake the task of community housecleaning. This field must attract women of a cer-

tain type, just as the painstaking detail of the laboratory, with its suggestive glimpses of hidden truths, attracts a different class of women.

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Prize Essays.

Questions for discussion in this department are announced at frequent intervals. So far as they have been decided upon, the further questions are as follows:

CXLIX.—How do you treat the opium habit, viewed as a neurosis? (Closed.)

CL.—What is your experience with belladonna or atropine in the treatment of alcoholism? (Answers due not later than September 15th.)

CLI.—How do you treat whooping cough? (Answers due not later than October 15th.)

Whoever answers one of these questions in the manner most satisfactory to the editor and his advisers will receive a prize of \$25. No importance whatever will be attached to literary style, but the award will be based solely on the value of the substance of the answer. It is requested (but not REQUIRED) that the answers be short, if practicable no answer to contain more than six hundred words; and our friends are urged to write on one side of the paper only.

All persons will be entitled to compete for the prize whether subscribers or not. This prize will not be awarded to any one person more than once within one year. Every answer must be accompanied by the writer's full name and address, both of which we must be at liberty to publish. All papers contributed become the property of the JOURNAL. OUR READERS ARE ASKED TO SUGGEST TOPICS FOR DISCUSSION.

The Prize of \$25 for the best essay submitted in answer to Question CXLVIII was awarded to Dr. Harold S. Glosster, of Wheeling, W. Va., whose article appeared on page 473.

PRIZE QUESTION NO. CXLVIII.

THE TREATMENT OF SUNSTROKE AND HEAT EXHAUSTION.

(Concluded from page 473.)

Dr. J. M. Cunningham, of Philadelphia, writes:

In considering the treatment of heat stroke and heat exhaustion, we have two conditions which have the same etiology, but require different treatment except as to prophylaxis, which is the same in both conditions and is by far the most important.

First, the body must be kept in as good condition as possible, the skin kept clean by frequent baths to allow free evaporation and to keep the body refreshed; these baths should be cool, but not cold.

Those exposed should discard their heavy clothing and wear clothing that is loose and light. The diet should be light and of such a character that it does not throw unnecessary work on the body nor tend to produce heat. All alcoholic beverages

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